Tenth Life Cat Rescue
P.O. Box 63187
St. Louis, MO 63163

www.tenthlifecats.org
314-808-2454

SURRENDER AGREEMENT

I, _____, am releasing ownership/responsibility of this pet to Tenth Life Cat Rescue for necessary medical treatment, placement in another home, or euthanasia (in the case of incurable suffering or as otherwise determined by a veterinarian). I understand that from now on, I am relinquishing all of my rights and that Tenth Life will ascertain the best home for this cat, which may not be my own. If I feel I wish to have possession of this animal again, I will submit an application, undergo an interview, and submit an adoption fee, like any other potential adopter would.

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner of Good Samaritan responsible party) of the animal described below; that I do hereby give Tenth Life Cat Rescue, their agents, and representatives full and complete authority over the said animal in whatever manner the doctor, the director, the organization's agents, servants or representatives shall deem fit.

I do also certify that the said animal has not bitten any person or animal during the last fifteen (15) days and to the best of my knowledge has not been exposed to rabies.

Print Your Name: _____

Address: _____ City/State/Zip: _____

Phone: (_____)_____ Email: _____

Signature: _____ Date: _____

We are required by law to collect the following information:

Driver License # _____ Driver License State: _____

License Plate # _____ License Plate State: _____

Date Found: _____ Location Found (if unknown, please list nearest address/intersection):

_____

Pet Description: Age/DOB (approx.): _____ Sex: _____ Color: _____

Breed: _____ Case ID# _____ Name, if applicable: _____

Tenth Life Intake Record

Please answer the following questions as accurately as possible so that we may process your admission request appropriately.

Cat's Name: _____ **Case ID #:** _____

We must verify a few details before we can move forward. If you're unable to print this form, complete it, and email it back, please let us know. We'll work with you to help you complete this process. Once we have these details, an Admissions Counselor may call to speak with you about the cat(s) for whom you are seeking admission.

Step 1: Please verify that you have completed *at least one* of the following options:

▢ **Option A:** Email medical records to admissions@tenthlifecats.org with the case ID# **OR**

▢ **Option B:** Provide us the name and contact information for the veterinarian(s) who treated this cat so that we may obtain records directly. *This option requires that you call ahead now to release their records to Tenth Life Cat Rescue as we request them **immediately**. We will need the:*

- Veterinarian's Name/Location:
- Veterinarian's Phone number:

▢ **Option C:** To the best of my knowledge, this cat has not seen a veterinarian.

Step 2: Please confirm whether this cat was tested for FeLV (feline leukemia) and FIV (feline immunodeficiency virus). ▢ Yes ▢ No ▢ I don't know/other, please explain:

A. **If yes,** where were they tested? ▢ Same vet as above ▢ By the following veterinarian:

- Veterinarian's Name/Location:
- Veterinarian's Phone number:

B. **If yes,** test date: _____ **AND** test results:

FeLV Status: ▢ Negative ▢ Positive **FIV Status**: ▢ Negative ▢ Positive

NOTICE: If you have it, attaching the veterinary paperwork can speed up the admissions process in many cases.

Question 1: Do the above answers differ from the information you originally provided in any way?

▢ **Yes** ▢ **No** **PLEASE NOTE:** *We confirm reported results before admission. Please ensure that your veterinarian is prepared for us to call to request medical records. If you previously indicated that a test was performed but the veterinarian cannot confirm the results, please understand this may cause a significant delay in the admission process and may nullify our ability to assist you as much as we may want to help. We rely upon foster parents who make decisions based on their ability to provide isolation and proper care. We hope you understand.*

Question 2: Does this admission include a donation of any amount toward veterinary care?

▢ Yes ▢ No **If yes**, please indicate the amount and date for our records: $_____ on _____

Question 3: **To the best of my knowledge, this cat has not bitten or scratched anyone in the last ten (10) days:** ▢ True ▢ False If FALSE, enter incident date and explain below: DATE: _____

Question 4: **This cat is a stray cat and has never been owned by me.** ▢ True ▢ False

Question 5: **This cat HAS been scanned for a microchip.** ▢ True ▢ False

Question 6: **Is there any new information you'd like to provide about the cat's history, personality, or health since you first submitted them?**

PLEASE NOTE: ADMISSIONS ARRIVE BY APPOINTMENT ONLY.

All cats must arrive in carriers and only at the address provided at a prearranged time. The delivery location, which may be foster's home, and any other details will be provided once all paperwork has been completed and received by Tenth Life and admission is confirmed in writing by an Admissions Counselor. This document is for our records prior to intake and does not serve as a contract between the admitting party and Tenth Life nor does it guarantee admission.

If you have them, please remember to bring the following to your admission appointment:

- any physical copies of veterinary records or x-rays you may have
- any medications or supplements
- any special food or comfort items. Because cats are especially stressed when placed in new situations, so if possible, please bring a familiar bed or blanket.
- and any other information you can provide.

Printed name: Date:

Signature:

INTERNAL NOTES:

Admissions Counselor:
▢ Medical records confirmed ▢ Transport Arranged Date admitted: Arrival Date: Foster Parent:

ATTENTION INTAKE STAFF: File with surrender form and medical paperwork in the cat's permanent record.